## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Spplication or Docket Numb r

062891.0867

CLAIMS AS FILED - PART I									SMALL ENTITY		OTHER	THAN
	· · · · · · · · · · · · · · · · · · ·		(Column 1)		(Column 2)			TYPE		OR	SMALL	
TOTAL CLAIMS			30					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		В	ASIC FEE	355.00	OR	BASIC FEE	· 710.00
TOTAL CHARGEABLE CLAIMS			30minus 20=		· 10			X\$ 9=		OR	X\$18=	180
INDEPENDENT CLAIMS			5 minus 3 =		* 2			X40=		ÖR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT							┟	+135=		OR	+270=	160
* If the difference in column 1 is less than zero, enter						olumn 2	L	TOTAL		OR	TOTAL	100
	CI	MENDED	ENDED - PART II				ן. באוסו		Jon	OTHER	THAN	
(Column 1) (Column						(Column 3)	;	SMALL E	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X̂\$18=	
	Independent	*	Minus	***				X40=		OR	X80=	
	FIRST PRESE	NTATION OF MI	JETIPLE DEF	PENDEN	CLAIM			+135=		OR	+270=	
	-						L	TOTAL		OR	TOTAL	
	(Column 1) (Column 2) (Column 2)						AL	ODIT. FEE		• • •	ADDIT. FEE	
AMENDMENT B		CLAIMS	was a special contraction of	HIGH	IEST	(Column 3)		ī	ADDI-	1		ADDI-
		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=	, , , ,	OR	X\$18= ·	1 55
	Independent	*	Minus	***		=		X40=		OR	X80=	
	FIRST PRESE	NTATION OF M	JLTIPLE DEP	ENDENT	CLAIM		╿┝			On		
							L	+135=		OR	+270=	
							AE	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu		(Column 3)	•					, .
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	ΙГ	X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=	╽┝	X40=			X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDE				T CLAIM		╽┝	7,70-	<del></del>	OR	700-	
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3,									OR	+270=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
		nber Previously Pa					er foun	d in the app	ropriate box	k in co	lumn 1.	